



## E-813819

## **FILED**

STATEMENT OF INFORMATION (Domestic Stock and Agricultural Cooperative Corporations)

In the office of the Secretary of State of the State of California

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions. IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Sep - 4 2009

IMPORTANT - RE	AD INSTRUCTIONS BEFORE CO	OMPLETING THIS FORM	Inis Space F	or Filing Use Only
1. <b>CORPORATE NAME</b> (F C3220467 NOVEMBER 13TH, IN	Please do not alter if name is preprinted.)  C.			s
	ARS 3RD FLOOR, NORTH TOWER			
DUE DATE:				
COMPLETE ADDRESS	ES FOR THE FOLLOWING (Do not al	bbreviate the name of the city. Item	ns 2 and 3 cannot be P	.O. Boxes.)
	INCIPAL EXECUTIVE OFFICE TARS 3RD FLOOR, NORTH TOWER	CITY LOS ANGELES CA 90067	STATE	ZIP CODE
	RINCIPAL BUSINESS OFFICE IN CALIFORNIA, I		STATE	ZIP CODE
	E CORPORATION, IF DIFFERENT THAN ITEM TARS 3RD FLOOR, NORTH TOWEF		STATE	ZIP CODE
title for the specific office	TE ADDRESSES OF THE FOLLOWI er may be added; however, the preprir	nted titles on this form must not be	altered.)	•
5. CHIEF EXECUTIVE OFFIC MICHAEL FELDMAN	ER/ ADDRESS I 2000 AVE. OF THE STARS 3RD F	CITY LOOR, NORTH TOWER LOS AN	STATE GELES, CA 90067	ZIP CODE
6. SECRETARY/ MICHAEL FELDMAN	ADDRESS  I 2000 AVE. OF THE STARS 3RD FL	CITY LOOR, NORTH TOWER LOS AND	STATE SELES, CA 90067	ZIP CODE
7. CHIEF FINANCIAL OFFICE MICHAEL FELDMAN	R/ ADDRESS I 2000 AVE. OF THE STARS 3RD FL	CITY LOOR, NORTH TOWER LOS AND	STATE SELES CA 90067	ZIP CODE
	TE ADDRESSES OF ALL DIRECTOR		O ARE ALSO OFFICE	ERS (The corporation
8. NAME MICHAEL FELDMAN	ADDRESS 2000 AVE. OF THE STARS 3RD FL	CITY LOOR. NORTH TOWER LOS AN	STATE GELES. CA 90067	ZIP CODE
9. NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NUMBER OF VACANO	CIES ON THE BOARD OF DIRECTIONS, I	FANY: 0		
with a California street a the California Secretary	E OF PROCESS (If the agent is an incaddress (a P.O.Box address is not accord State a certificate pursuant to Corp	eptable). If the agent is another co	rporation, the agent m	ust have on file with
12. NAME OF AGENT FOR SE JARED E. LEVINE	RVICE OF PROCESS			
	GENT FOR SERVICE OF PROCESS IN CALIFO TARS 3RD FLOOR, NORTH TOWER		STATE	ZIP CODE
TYPE OF BUSINESS				
14. DESCRIBE THE TYPE OF ENTERTAINMENT	BUSINESS OF THE CORPORATION			
CONTAINED HEREIN, INC	ATEMENT OF INFORMATION TO THE CALIFO CLUDING ANY ATTACHMENTS, IS TRUE AND (	CORRECT.		NFORMATION
09/04/2009 	MICHAEL FELDMAN  TYPE OR PRINT NAME OF PERSON COMPLE	PRESIDE PRESIDE	TITLE	SIGNATURE
SI-200 C (REV 01/2008)			APPROVED B	Y SECRETARY OF STATE